

# MANIFESTATION DETERMINATION REVIEW FORM



*Office of Special Education and  
Early Intervention Services*

July 28, 2005

# MANIFESTATION DETERMINATION REVIEW FORM

## Student Information

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of MDR: \_\_\_\_\_

## Participants

The following individuals participated in this Manifestation Determination Review Meeting. Additional participants should be noted and attached to this form [34 CFR §300.344].

Student (when appropriate)	Public Agency Representative/Designee
Parent	General Education Teacher
Parent	Special Education Teacher/Provider
An individual who can interpret the instructional implications of evaluation results	Other
	Other

## Considerations for Review

Describe the behavior subject to disciplinary action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In carrying out a Manifestation Determination Review, the IEP Team (as determined by the parent and the local educational agency) shall review:

☐ All relevant information in the student's file.

\*Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ The student's IEP.

\*Describe: \_\_\_\_\_  
\_\_\_\_\_

☐ Any teacher observations of the student.

\*Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Relevant information provided by the parent.

\*Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*The written descriptions are optional.

**Manifestation Determination**

If the determination of the IEP Team is "Yes" to either of the statements below, then the behavior must be considered a manifestation of the student's disability.

In relation to the behavior subject to discipline and the student's disability:

1. The conduct in question was caused by the student's disability or had a direct and substantial relationship to the student's disability. ☐ Yes ☐ No
2. The conduct in question was the direct result of the local school district's failure to implement the IEP. ☐ Yes ☐ No

The determination of the IEP Team is that behavior subject to discipline is:

- ☐ not a manifestation of the disability; records are transferred to general education for disciplinary procedures.
- ☐ a manifestation of the disability.

**Parent signature**

- ☐ I received notice of procedural safeguards on the day on which the decision to take disciplinary action involving a change in placement was made [34 CFR §523(a)(i)].
- ☐ I agree with the determination above.
- ☐ I disagree with the determination above and request an expedited hearing [H.R. 1350 §615(k)(3)].

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_